



PATENT
Attorney Docket No.: SCRIP1160-4

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
Carlos F. Barbas, III et al.

Application No.: 09/500,700

Filed: February 9, 2000

For: ZINC FINGER PROTEIN
DERIVATIVES AND METHODS
THEREFOR

) Group Art Unit: Unassigned

) Examiner: Unassigned

) CERTIFICATION UNDER 37 CFR §1.18

) I hereby certify that the documents referred to as enclosed
) herein are being deposited with the United States Postal
) Service as first class mail on May 17, 2000 in an envelope
) addressed to: Assistant Commissioner for Patents,
) Washington, D.C. 20231

) Lucille M. Begalla
) Lucille M. Begalla

05/17/00

Assistant Commissioner for Patents
Washington, D.C. 20231

PRELIMINARY AMENDMENT

Prior to examination of this application, please consider the following
amendments and remarks:

05/25/2000 HSAHDARA 00000015 09500700

01 FC:102
02 FC:103

156.00 OP
360. OP

5/B
M.G.
6/1/00



GAU 1636
#

PATENT
ATTORNEY DOCKET NO. SCRIP1160-4

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Carlos F. Barbas III et al. Art Unit: Unassigned
Serial No.: 09/500,700 Examiner: Unassigned
Filed: February 9, 2000
Title: ZINC FINGER PROTEIN DERIVATIVES AND METHODS THEREFOR

Assistant Commissioner for Patents
Washington, D.C. 20231

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MAY 30 2000
TO 1000 MAIL ROOM

TRANSMITTAL SHEET

Sir:

Transmitted herewith for the above-identified application please find:

- (1) Preliminary Amendment;
- (2) Check in the amount of \$516.00; and
- (3) Postcard.

CERTIFICATION UNDER 37 CFR §1.8

I hereby certify that the documents referred to as enclosed herein are being deposited with the United States Postal Service as first class mail on this date, 5/17/00, in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Lucille M. Begalla

Name of Person Mailing Paper

Lucille M. Begalla

Signature

May 17, 2000

Applicants: Carlos F. Barrios, III et al.
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The Fee for this Response is calculated as follows:

For	Claims Remaining After Amendment	Highest Number Previously Paid For	Extra Claims	Large Entity Rate	Small Entity Rate	Calculations
Total Claims	40	20	20	x \$18.00	x \$9.00	\$360.00
Independent Claims	5	3	2	x \$78.00	x \$39.00	\$156.00
Multiple Claims				\$260.00	\$130.00	\$0.00
					TOTAL FEE	\$516.00

X Enclosed is a check in the amount of the total fee of \$516.00 for the additional claims fee. Please charge any additional fees that may be associated with this communication or credit any overpayment to Deposit Account No. 07-1895. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Date: 5/17/00

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